

DOCUMENT CHECKLIST FOR ANNUAL REVIEW

THIS PAGE MUST BE INCLUDED WITH THE REVIEW PACKET (NO STAPLES)

COMPANY NAME	
REQUIRED DOCUMENTS	

<input type="checkbox"/> No Change Affidavit	<i>This document must be notarized.</i>
<input type="checkbox"/> Federal Business Tax Return	<i>Provide information for the most recent year; including all schedules and forms.</i>
<input type="checkbox"/> Maryland Department of Assessments and Taxation – Proof of Good Standing	<i>Proof of Good Standing from the Maryland Department of Assessments and Taxation (www.dat.state.md.us) is required for Maryland domiciled firms and MBE certified firms (except sole proprietorships and general partnerships)</i>

Comments:

THE FOLLOWING DOCUMENTS ARE REQUIRED ONLY IF OWNERSHIP OR BUSINESS STRUCTURE HAS CHANGED.

OWNERSHIP	
<input type="checkbox"/> Section 3 - Uniform Certification Application	<i>Complete page 7 for 51% owner(s) and page 8 for ownership less than 51 %. Provide a separate sheet for each new owner.</i>
<input type="checkbox"/> USDOT Personal Net Worth Statement	<i>Please provide a separate sheet for each new owner.</i>
<input type="checkbox"/> Updated Stock Ledger and Stock Certificates	<i>Required if the business is a corporation.</i>
<input type="checkbox"/> Resume(s)	<i>Required for new owner(s).</i>
<input type="checkbox"/> Proof of Citizenship	<i>If claiming minority status.</i>
<input type="checkbox"/> Updated By-Laws or Operating Agreement	
<input type="checkbox"/> Current Meeting Minutes	
<input type="checkbox"/> Shareholder Buyout Agreements	

BUSINESS STRUCTURE	
<input type="checkbox"/> Articles of Incorporation or Organization	
<input type="checkbox"/> By-Laws or Operating Agreement	
<input type="checkbox"/> Meeting Minutes	
<input type="checkbox"/> Maryland Department of Assessments and Taxation Amendments	<i>Documents of a change in business structure from the Maryland Department of Assessments and Taxation (www.dat.state.md.us) is required for Maryland domiciled firms (except sole proprietorships and general partnerships and MBE certified firms.</i>

FOR IN-HOUSE USE ONLY. Please do not write below this line.

PROCESSING HISTORY			
Date Prepped:		By Whom:	
Date Scanned:		By Whom:	
Date Reviewed:		By Whom:	

NO CHANGE AFFIDAVIT

I, _____, a principal of _____,

hereby swear and affirm that the information provided in this affidavit and the supporting documentation is true and correct.

CHECK IF NEW

Company Name: _____

Mailing Address: _____

Telephone Number: _____ **Fax Number:** _____

E-mail Address: _____

Website address: _____

NOTE: For purposes of this agreement, the company named above (for which this affidavit is submitted), will henceforth be identified as 'the firm'.

(Select all boxes that apply):

There are no changes to the information reported on the firm's most recent certification application, on file with the Maryland Department of Transportation (MDOT).

There are no changes in the ownership of the firm.

There are no changes in the firm's operational and/or managerial control, including the board of directors and/or its officers, that may affect the MBE/DBE/SBE status of the firm.

The firm has not been *denied*, or decertified by any other certifying agency.

The firm, its directors or officers, have not been found guilty of any violations of the MBE and/or DBE Program in Maryland or any other state.

The disadvantaged owner(s) Personal Net Worth does not exceed the income caps of \$1,771,564 for the MBE program or \$1.32 million for the DBE, SBE or ACDBE programs.

The firm continues to meet the size standard set by the U.S. Small Business Administration (SBA) as determined by industry NAICS codes.

The firm, if a Maryland domiciled firm or MBE certified firm, remains in Good Standing with the Maryland State Department of Assessments and Taxes (SDAT).

**Please provide an explanation for any of the boxes not selected (unchecked). You should submit the explanation information on a separate sheet of paper.*

PLEASE PROVIDE THE NUMBER OF EMPLOYEES (FULL AND PART TIME) OF THE FIRM FOR EACH OF THE LAST THREE YEARS.

Enter Year 1 (yyyy): # of employees: Enter Year 2: # of employees: Enter Year 3: # of employees:

I AM PERSONALLY AUTHORIZED AS THE OWNER OF _____, TO MAKE THIS AFFIDAVIT.

Date: _____

Signature: _____

NOTARIZATION

Official notary public to complete the following:

On this, the _____ day of _____, 20_____, before me a notary public, the undersigned officer, personally appeared _____,

Name of Affiant

whose name is subscribed to the within instrument, and acknowledged that he executed the same in the capacity therein stated, for the purposes therein contained and that the statements contained therein are true and correct.

IN WITNESS HEREOF, I HEREUNTO SET MY HAND AND OFFICIAL SEAL.

**Notary Public
Seal**

Notary Public

Commission expiration date